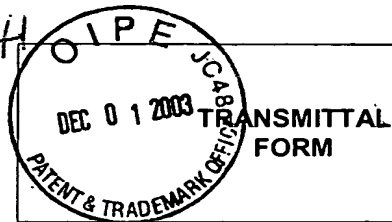


3712



Application Number		10/056,676
Filing Date		January 24, 2002
First Named Inventor		REHKEMPER
Art Unit		3712
Examiner Name		Jamila O. Williams
Total Number of Pages in This Submission	39	Attorney Docket Number
		090455-9319

ENCLOSURES (check all that apply)	PETITION FOR EXTENSION OF TIME
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other: Sixteen (16) Sheets of Amended Drawings	<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$110.00 (37 CFR 1.17(a)(1)-(5)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

CLAIMS FEES							
<input checked="" type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Addit. Claim Fee
Total	13	-	20	=0	x 9=	\$	x 18= \$0
Independent	3	-	3	=0	x 43=	\$	x 86= \$0
<input type="checkbox"/> First Presentation of Multiple Claim					+ 145=	\$	+ 290= \$0

ENCLOSED FEES	
<input type="checkbox"/> Additional Claim Fee	\$
<input type="checkbox"/> Extension fee for one-month	\$110.00
<input type="checkbox"/> Information Disclosure Statement	\$180.00
<input type="checkbox"/> Surcharge for Missing Parts – Declaration	\$130.00
<input type="checkbox"/> Terminal Disclaimer	\$110.00
TOTAL FEES ENCLOSED	
	\$

PAYMENT OF FEES	
<input type="checkbox"/> A check in the amount of \$ is enclosed.	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.	
<input type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$	

SIGNATURE OF ATTORNEY	
Perry W. Hoffman, Reg. No. 37,150 MICHAEL BEST & FRIEDRICH, LLC 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818	 Signature Date: November 26, 2003

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is:		
<input type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number		
<input checked="" type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below		
Typed or printed name	Carol A. Graves	
Signature		Date: November 26, 2003